

Joseph Marsala AF9575
Name and Prisoner/Booking Number
San Quentin State Prison 5-N-32
Place of Confinement
San Quentin, Ca.
Mailing Address
San Quentin, Ca. 94964
City, State, Zip Code

FILED

OCT 03 2023

CLERK U.S. DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA
BY [Signature]
DEPUTY CLERK

(Failure to notify the Court of your change of address may result in dismissal of this action.)

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF CALIFORNIA

Joseph Marsala, et al.
(Full Name of Plaintiff) Plaintiff,

v.

CASE NO. 1:22-cv-00843-ADA-BAM (PC)
(To be supplied by the Clerk)

(1) Ralph Diaz, (no longer a defendant)
(Full Name of Defendant)

(2) Kathleen Allison, (no longer def.)

(3) Ron Davis,

(4) Patrick Eaton,
Defendant(s).

☐ Check if there are additional Defendants and attach page 1-A listing them.

JURY DEMAND TRIAL

CIVIL RIGHTS COMPLAINT
BY A PRISONER

- ☐ Original Complaint
☒ First Amended Complaint
☐ Second Amended Complaint

A. JURISDICTION

1. This Court has jurisdiction over this action pursuant to:

☒ 28 U.S.C. § 1343(a); 42 U.S.C. § 1983

☐ 28 U.S.C. § 1331; Bivens v. Six Unknown Federal Narcotics Agents, 403 U.S. 388 (1971)

☐ Other: _____

2. Institution/city where violation occurred: Sierra Conservation Center

RECEIVED

OCT 03 2023

CLERK, U.S. DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA
403 U.S. 388 (1971)
DEPUTY CLERK

B. DEFENDANTS

1. Name of first Defendant: Ron Davis. The first Defendant is employed as:
Associate Director (Rec. Cent. Adult Inst.) at Sierra Conservation Center
(Position and Title) (Institution)
2. Name of second Defendant: Patrick Eaton. The second Defendant is employed as:
Warden at Sierra Conservation Center
(Position and Title) (Institution)
3. Name of third Defendant: Katie Brown. The third Defendant is employed as:
Chief Medical Officer at Sierra Conservation Center
(Position and Title) (Institution)
4. Name of fourth Defendant: E. Spangler. The fourth Defendant is employed as:
Administrative Officer of the Day at 12-9-20 to 12-16/20 (S.C.C.)
(Position and Title) (Institution)

If you name more than four Defendants, answer the questions listed above for each additional Defendant on a separate page.

C. PREVIOUS LAWSUITS

1. Have you filed any other lawsuits while you were a prisoner? ☒ Yes ☐ No
2. If yes, how many lawsuits have you filed? 2. Describe the previous lawsuits:
 - a. First prior lawsuit:
 1. Parties: Joseph Marsala v. Ralph Diaz, et. al.
 2. Court and case number: 2:19-cv-00513-CKD-
 3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) settlement
 - b. Second prior lawsuit:
 1. Parties: Marsala v. Ra
 2. Court and case number: 1:20-cv-01794-JLT (PC)
 3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) still pending
 - c. Third prior lawsuit:
 1. Parties: _____ v. _____
 2. Court and case number: _____
 3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) _____

If you filed more than three lawsuits, answer the questions listed above for each additional lawsuit on a separate page.

DEFENDANTS (cont.)

John/Jane Doe A.O.D. from 12-2-20 to 12-9-20 (request Assign. schedule)
S.C.C. (per D.O.M. 51050.4 -)
Trent Allen, Chief Deputy Warden at Sierra Conservation Center

John/Jane Doe Fac. B Watch Commander 3rd watch on 12-15-20 (request Assign.)
at S.C.C. (schedule)
John/Jane Doe Fac. B Lieutenant 3rd watch on 12-15-20 (request Assign.)
at S.C.C. (schedule)
Sgt. Martinez Fac. B 3rd watch on 12-15-20 at S.C.C.

D. CAUSE OF ACTION

CLAIM I

1. State the constitutional or other federal civil right that was violated: Conditions of Confinement
8th amendment

2. **Claim I.** Identify the issue involved. Check **only one**. State additional issues in separate claims.

- | | | | |
|--|---|---|---------------------------------------|
| <input checked="" type="checkbox"/> Basic necessities | <input type="checkbox"/> Mail | <input type="checkbox"/> Access to the court | <input type="checkbox"/> Medical care |
| <input type="checkbox"/> Disciplinary proceedings | <input type="checkbox"/> Property | <input type="checkbox"/> Exercise of religion | <input type="checkbox"/> Retaliation |
| <input type="checkbox"/> Excessive force by an officer | <input type="checkbox"/> Threat to safety | <input type="checkbox"/> Other: _____ | |

3. **Supporting Facts.** State as briefly as possible the FACTS supporting Claim I. Describe exactly what each Defendant did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.

See STATEMENT OF FACTS

4. **Injury.** State how you were injured by the actions or inactions of the Defendant(s).

I contracted covid-19, foggy thinking/memory, my joints and tendons, are
weak and painful, back pain exceedingly worse, bleeding noses, and i get lost
in middle of thoughts , headaches, frequent lightheadedness

5. **Administrative Remedies:**

- a. Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? ☐ Yes ☒ No
- b. Did you submit a request for administrative relief on Claim I? ☒ Yes ☐ No
- c. Did you appeal your request for relief on Claim I to the highest level? ☒ Yes ☐ No
- d. If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not. _____

STATEMENT OF FACTS

1. On 12-6-20, Sierra Conservation Center's Chief Medical Executive
 2. recieved two positive Covid-19 tests from Facility B, (see Ex. A, Daily
 3. program status Report) and ordered testing for entire yard for Covid-19,
 4. and ordered a restriction on movement, "...only essential Moves/emergent
 5. Moves..."
 6.
 7. On 12-9-20, (62) of the ordered tests were found to have had Covid,
 8. from 14 dorms on facility B(S.C.C.) known to defendants Patrick Eaton, et.al.
 9. and the pre-covid world, that those inmates in the 14 dorms who were
 10. exposed, needed to be kept from the rest of the population. A special
 11. circumstance the warden is required to disclose to his replacement during
 12. non business hours, known as the A.O.D. (Administrative officer of the Day)
 13. and is discussed in "Face to Face briefing", between them, and the replac
 14. replacement A.O.D., and Chief Deputy Warden, every Thurs. by 5 p.m.
 15. See CDCR D.O.M. 511105188. *(See Also Ex D Negative Test since Order of 12-8-20)*
 16. This meeting of the minds, discusses the Administrative Requirements
 17. that needed to be met., mainly to prevent the spread of Covid-19,
 18. From the (12-09-20) 62 positive Covid test findings, Right???
 19. Yet, mass moves began to occur immediately, and continued until the
 20. 12-15-20, moves petitioner will show violated his 8th amendment
 21. conditions of confinement protections, because the (4) inmates who moved
 22. into petitioner dorm, had been from (2) of the identified Dorms in Ex. A.
 23. An unreasonable response to whatever essentiality/emergency Administration
 24. claimed to have made the moves for, as it succeeded in the opposite goal,
 25. of prevention of Covid-19 spread. See Declaration of Patricio Gonzalez, Ex.B
 26. and if petitioner may, quote another plaintiffs pleadings, in Victory v.
 27. Allison, 2023 U.S. Dist. Lexis 97317 in footnote [7] "...on December 12
 28. 2020, John Doe 1 Authorized inmate Dunkirk to be relocated from dorm 30

1. to dorm 52, moved from dorm 30 because a number of inmates tested
2. positive for Covid-19."..." (same A.O.D., prison Fac., and failure to protect)
3. These accounts evidences the voracity of the Oathes given by defendants
4. to protect the rights of all people, while shooting bullets into the
5. crowd of people that oath really encompasses. Each "already exposed
6. inmate" moved into a dorm of unexposed inmates, are the bullets that
7. could have struck petitioner, lethally, or any other person in the
8. pre-vaccine Covid-19 world. "unreasonable risk to petitioner" that
9. the "entire world knew of" including defendants, who for the duration of
10. at least 6 days, failed to make the moves stop, or report the failure
11. to follow Chief Medical Executive Orders. This resulted in the 99.9%
12. of Fac. B population contracting the Covid-19 lethal virus.

13. The dialogue between defendant Sgt. Martinez, and petitioner the day
14. of the 12-15-20 3rd watch moves, followed the result of other inmates'
15. laying down in front of the door protesting against the (4) inmates
16. being moved into the dorm #69, where Sgt. Martinez threatened to send
17. them to a G.P. yard that they would be attacked on, and petitioner
18. questioned him, "Who are you talking to?" and he said, "All of you!"

19. This threat is loaded, considering the A.O.D, for that day was a
20. CCIII level Counselor/Captain who's office is in the trailer where
21. counselor's decide transfers of inmates." (and in 4 person face to face)

22. The grievance petitioner filed was answered by another member of the
23. 4 person face to face briefing of 12-19-20 A.O.D. duty cycle exchange, the
24. Chief Deputy Warden T. Allen (see Ex C grievance log # 000000074630)
25. and he hid facts about his own involvement of the moves which occurred
26. on 12-15-20, and every other person responsible for the passing on of
27. Chief Medical Executive order to not make moves, for Covid-19 spread
28. prevention. (The Warden, A.O.D. coming/going and Chief Deputy Warden)

1. Petitioner would ask Defendants, "Why?" Thereby requesting a Trial
2. by Jury. Why didn't you use empty dorm space? There were completely
3. empty dorms, when all these moves occurred, exposing petitioner who
4. Medical had been made aware of, only hours before the day of the moves
5. on 12-15-20, that yet again I tested negative to Covid-19, (on 12-11-20 testings)
6. Which brings us to petitioner's belief as to Why the moves made
7. during need to quarantine 8 more days, while there were empty dorm spaces
8. the last 6 days' moves created.
9. This belief begins on Ex. A's, three signatures, who they are and
10. their titles. Particularly Ron Davis the Associate Director of Reception
11. Centers, Adult Division. It was rumored that a Reception Center was
12. being implemented, and petitioner believes a more loosely interpretation
13. of "essential moves" was used by defendants to cover-up the Herd immunity
14. fast lane to more Reception Center space, as soon as everyone caught and
15. got over covid-19, we can start shipping inmates in, combined with
16. loose interpretation of "operational necessity" in the 5058.3 penal code
17. relative to regulation revisions. For instance Covid-19 clogged the entire
18. Judicial System, from County to Prisons, and a running Reception Center
19. at S.C.C. would be perfect, but Covid 19 spread prevention plan gained
20. space, through steps taken but used that won space subjectively to
21. make and implement, and provide space for a reception center schedule
22. and disregarded the risk made exposing 28 human lives including petitioner
23. to the deadly pre-vaccine world killer Covid-19. With empty dorms available.
24. 25. Petitioner originally intended to blame Ralph Diaz, Kathleen Allison,
25. and or Jeffrey MaComber, because only they could authorize or even
26. make regulation revisions under penal Code 5058.3. to create a new
27. Reception Center, but petitioner watched "ONLY" S.C.C. administration
28. make moves, and Medical administration failing to report ~~the~~ ^{for} danger of it.

1. Ron Davis was the executive officer, in the position to make regulation
2. changes, and request approval by Ralph Diaz to make a reception center
3. at S.S.C.C. and was responsible for implementation of it, and the use of
4. Covid-19 spread prevention won space, for reception center, instead of
5. physical distancing original intention. And is being sued in his
6. individual capacity, as the head of the conspiracy to use Covid-19
7. steps to win space for a Reception Center, compact inmates, with
8. Covid-19 infected inmates, when multiple empty dorms are available.
9. Barbara Eaton was warden at S.C.C. and signed all EA's (DPSR's)
10. acknowledging the special circumstances involved with keeping exposed
11. and unexposed inmates from being moved into and from the 14 dorms found
12. to have had Covid-19 in them, and was part of the 4 person face to face
13. briefing on 12-9-20 to inform new oncoming A.O.D. about the Chief Medical
14. Executives order to not move inmates nonessentially or emergent. And
15. allowed everyday nonessential moves take place moving people to
16. opposite sections of Reception Center area, since 12-9-20 order until
17. 12-15-20 moves, and failed to make it stop. And is being sued in his
18. individual capacity for allowing conditions of confinement to be
19. so cruel and indifferent to the exposure of inmates to a seriously
20. Communicable Disease, although empty dorms and designated quaranteen
21. areas were available and at his disposal for the reasonablility of
22. alternative. See Ex.E. Positive Sars Test.

23. Trent Allen, was Chief Deputy Warden and one of the four face to face
24. briefees who failed to reasonably enforce CME orders regarding movement,
25. failed to make it stop, and who conspired to hide his culpability by
26. answering the Grievance #000000074630 so vaguely as to avoid culpability
27. enforcement, similar to obstruction of justice. And is being sued in his
28. individual capacity, for his inaction and failure to report intentional

1. exposing inmates to Covid-19, and failure to make it stop, to further
2. the conspiracy, of conditions of confinement deprivations, related to
3. exposure to seriously communicable disease
4. John/Jane Doe A.O.D. for the 12-2-20 to 12-9-20 duty cycle, and his
5. failure to notify, correct, or report special circumstances in the 4
6. person face to face briefing on 12-09-20, by 5p.m., what needed to
7. be done about the mass outbreak of Dec. 9th 2020, what actually was being
8. done about it, and what should've been happening, sued in his individ. cap.
9. E. Spangler, the A.O.D. from 12-9-20 to 12-15-20, the Administrative
10. Officer of the Day coming, at the 4 person "face to face briefing"
11. where special circumstances are discussed, including what to do about
12. the 62 man covid-19 out break of 12-9-20, only hours earlier, and
13. should have discussed recent moves, whether to continue them, or stop
14. them and report them, his failure to act in way to make moves stop, (the
15. absence of any of the 4 face to face briefees reporting the moves, or
16. trying to put a stop to them, links a meeting of the minds and a similar
17. knowledge of end result and/or plan. A requisite for conspiracy)
18. is being sued in his individual capacity, (empty dorms were available)
19. Katie Brown the Chief Medical executive, failed to report the deliberate
20. disobeying of her order, since the day of the order; By warden, captain
21. lieutenant, etcetra. A.O.D. Watch commander sargeant, and is being sued
22. in her individual capacity, for failure to report crime against humanity
23. deliberate exposure of inmates to Covid-19 in a pre-covid vaccine world
24. and with available space to use instead! Completely empty dorms ...
25. Jon/Jane Doe, watch Commander for Fac. B, for his failure to make 12/15/20
26. the moves, stop as Medical requested, and knowing they moves were from
27. infected dorms to noninfected dorms!!! Victory /and Ex. Declaration of Gonzalez
28. with empty dorms available; and being sued in her individual Capacity.

1. Don/Jane Doe Lieutenant, for failing to make the exposing moves stop,
2. failing to follow Chief Medical Executive order to not make nonessential
3. nonemergent moves, approving them often and numerous amounts straight
4. from quarantine. (with available empty dorms as alternative that was
5. humane at least.) and is being sued in his individual capacity.
6. Sgt. Martinez, for Fac. B/ on 12-15-20, at Sierra Conservation Center
7. is being sued in his individual capacity, for conducting the moves of
8. 12-15-20, (exhibit Declaration of Gonzalez), hearing the dorm 69 pleas
9. to not be exposed to Covid-19, did not register that you had empty
10. dorms to your disposal, instead of risking everyones life in dorm #69
11. including petitioner, you made Ron Davis Happy to gain reception space
12. and packed dorm #69 full with the 4 inmates from 51 and 53 both on
13. DPSR exposure list! or failing to report the upper admins failures
14. whether deliberate or accidental, these inmates were pleading for their
15. lives as was I, and you threatened them for 1st ammendment exercise,
16. me included an act of treason against our constitution and your own oath.
17. ~~///~~ Chief Medical Officer Katie Brown announced a medical need to "Not
18. make moves on Fac. B dorm living." Prison Officals were deliberately
19. Indifferent to that Medically Announced Need. and instead, conducted "mass"
20. moves, in this case directly from two of the 14 identified as containing
21. covid. Sufficiently Serious.

22. Because there were "Empty dorms" available and designated Quaranteen
23. Spaces, Prison Officals, failed to take reasonable measures to abate
24. "Exposure to Covid_19 Risk,

25. The placement of inmates in these circumstances combined with the poor
26. ventilation in dorms and 540 sq. ft. for 32 people to breathe in, paints
27. a one lunged unit that needs to be quaranteend, if humanity is cared about
28. Prison Officials were subjectively aware of the risk, in making moves

1. from the 14 dorms, identified on PSR, signed by warden, Administrator
2. of the day, and Ron Davis, the face to face briefing between, Warden,
3. A.C.O.D., (coming and going), and Chief Deputy Warden, occurred on day
4. Chief Medical Executive Medical need to not make moves was announced.
5. That face to face briefing where special circumstances about prison
6. administration needs to be met, are spoken of. "Did you guys read the
7. P.S.R. today?" "Yeah, I heard medical say we cant make moves."
8. "Only essential and Emergent." "How can we make moves for thereception
9. on "D" section by January? "We Can move the inmates toward E and F section
10. and just start packing them." (lines 6 from "Did..." to line 10 "...
11. packing them", are just dialogue petitioner believes occurred.)

12. It is upon petitioner's belief, the reason why empty dorms were
13. not utilized, was to keep and make more, reception Center space.

14. This profit over humanity that resulted in 99.9 % Facility B at
15. Sierra Conservation Center inmates infected ratio, is the result of
16. unreasonable application of Medical Chief Executive orders to not
17. make moves unless essential/emergent, and the failure of anyone
18. reporting the inhumane moves that occurred for 6 days after the
19. moves began, when petitioners dorm begged that the four not get moved
20. in the dorm, was unreasonable application of order, no one had tested
21. positive yet, in dorm #69, but moves were being made into there.

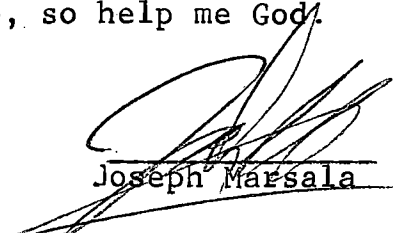
22. ///

23. I, Joseph Marsala, declare under penalty of perjury, that the aforem
24. entioned facts are true and correct, and that referred to his belief,
25. petitioner declares that he really believes that too, so help me God.

26.

27. Date: 9/28/20

28



Joseph Marsala

CLAIM II

1. State the constitutional or other federal civil right that was violated: N/A

2. **Claim II.** Identify the issue involved. Check **only one**. State additional issues in separate claims.

- | | | | |
|--|---|---|---------------------------------------|
| <input type="checkbox"/> Basic necessities | <input type="checkbox"/> Mail | <input type="checkbox"/> Access to the court | <input type="checkbox"/> Medical care |
| <input type="checkbox"/> Disciplinary proceedings | <input type="checkbox"/> Property | <input type="checkbox"/> Exercise of religion | <input type="checkbox"/> Retaliation |
| <input type="checkbox"/> Excessive force by an officer | <input type="checkbox"/> Threat to safety | <input type="checkbox"/> Other: _____ | |

3. **Supporting Facts.** State as briefly as possible the FACTS supporting Claim II. Describe exactly what **each Defendant** did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.

N/A

4. **Injury.** State how you were injured by the actions or inactions of the Defendant(s).

5. **Administrative Remedies.**

- a. Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? N/A ☐ Yes ☒ No
- b. Did you submit a request for administrative relief on Claim II? ☒ Yes ☐ No
- c. Did you appeal your request for relief on Claim II to the highest level? ☒ Yes ☐ No
- d. If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not. Excluded in Ex B

CLAIM III

1. State the constitutional or other federal civil right that was violated: N/A

2. **Claim III.** Identify the issue involved. Check **only one**. State additional issues in separate claims.

- ☐ Basic necessities
 ☐ Mail
 ☐ Access to the court
 ☐ Medical care
☐ Disciplinary proceedings
 ☐ Property
 ☐ Exercise of religion
 ☐ Retaliation
☐ Excessive force by an officer
 ☐ Threat to safety
 ☐ Other: _____

3. **Supporting Facts.** State as briefly as possible the FACTS supporting Claim III. Describe exactly what each Defendant did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.

N/A

4. **Injury.** State how you were injured by the actions or inactions of the Defendant(s).

5. **Administrative Remedies.**

- a. Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? N/A ☐ Yes ☐ No
 b. Did you submit a request for administrative relief on Claim III? N/A ☐ Yes ☐ No
 c. Did you appeal your request for relief on Claim III to the highest level? ☐ Yes ☐ No
 d. If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not. _____

If you assert more than three Claims, answer the questions listed above for each additional Claim on a separate page.

E. REQUEST FOR RELIEF

State the relief you are seeking:


2000.00 dollars nominatively; 25000.00 dollars compensatorily and
punitively for 2.5 million dollars long term covid after effects

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 9/28/23
DATE


SIGNATURE OF PLAINTIFF

N/A
(Name and title of paralegal, legal assistant, or
other person who helped prepare this complaint)

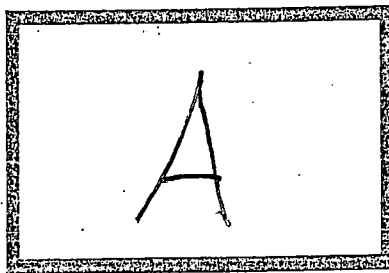

(Signature of attorney, if any)

N/A
(Attorney's address & telephone number)

ADDITIONAL PAGES

All questions must be answered concisely in the proper space on the form. If you need more space you may attach more pages, but you are strongly encouraged to limit your complaint to twenty-five pages. If you attach additional pages, be sure to identify which section of the complaint is being continued and number all pages. Remember, there is no need to attach exhibits to your complaint.

EXHIBIT



ATTACHMENT A

STATE OF CALIFORNIA
CDCR 3022A (REV. 03/14)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

DAILY PROGRAM STATUS REPORT PART A – PLAN OF OPERATION / STAFF & INMATE NOTIFICATIONDescribe only this reporting period's specific Plan of Operation
Upon completion, distribute to ensure all staff and inmate awareness

PLAN EFFECTIVE FOR DATE: December 19, 2020		INSTITUTION: Sierra Conservation Center		PROGRAM STATUS NUMBER: SCC-FCOP-20-033	
<input type="checkbox"/> NORMAL PROGRAM		<input checked="" type="checkbox"/> MODIFIED PROGRAM		<input type="checkbox"/> LOCKDOWN	
				<input type="checkbox"/> STATE OF EMERGENCY <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	
<input type="checkbox"/> INITIAL		<input checked="" type="checkbox"/> UPDATE		<input type="checkbox"/> CLOSURE	
RELATED INFORMATION (CHECK ALL THAT APPLY)					
AREA AFFECTED		INMATES AFFECTED		REASON	
<input checked="" type="checkbox"/> INSTITUTION: SCC		<input checked="" type="checkbox"/> ALL		<input type="checkbox"/> BATTERY	
<input checked="" type="checkbox"/> FACILITY: A, B, & C		<input type="checkbox"/> SECURITY THREAT GROUP(S):		<input type="checkbox"/> DEATH	
<input checked="" type="checkbox"/> HOUSING UNIT: All				<input type="checkbox"/> RIOT / DISTURBANCE	
<input checked="" type="checkbox"/> HOUSING LEVEL: I & II/NDPF & III/SNY				<input type="checkbox"/> THREATS	
<input checked="" type="checkbox"/> OTHER: Isolation 25, 27, 28, 30, 39-52, & Bldg. 6. Bldg. 2: Cell 124, 136, 138 & 141.		<input checked="" type="checkbox"/> OTHER: Isolation: 25, 27, 28, 30, 39-52, & Bldg. 6. Bldg. 2: Cell 124, 136, 138 & 141.		<input type="checkbox"/> CONTINUING VIOLENCE	
Quarantine: 01, 02, 03, 05, 06, 08, 09, 10, 12, 13, 14, 15, 16, 18, 19, 20, 21, 23, 34, Bldg. 3, & Bldg. 2: Cell 140, 234, and 235.		Quarantine: Facility B (01, 02, 03, 05, 06, 08, 09, 10, 12, 13, 14, 15, 16, 18, 19, 20, 21, 23, 34, Bldg. 3, & Bldg. 2: Cell 140, 234 and 235)		<input checked="" type="checkbox"/> MEDICAL QUARANTINE	
				<input checked="" type="checkbox"/> OTHER	
MOVEMENT		WORKERS		DAYROOM	
<input type="checkbox"/> NORMAL		<input type="checkbox"/> NORMAL		<input type="checkbox"/> NORMAL	
<input checked="" type="checkbox"/> ESCORT ALL MOVEMENT		<input type="checkbox"/> CRITICAL WORKERS ONLY		<input type="checkbox"/> NO DAYROOM	
<input type="checkbox"/> CLOTHED BODY SEARCH PRIOR TO ESCORT		<input type="checkbox"/> CULINARY		<input checked="" type="checkbox"/> MODIFIED: See page 2	
<input type="checkbox"/> IN RESTRAINTS		<input type="checkbox"/> CLERKS			
<input type="checkbox"/> CONTROLLED MOVEMENT		<input type="checkbox"/> VOCATION/EDUCATION		RECREATION	
<input checked="" type="checkbox"/> OTHER: In groups with other like quarantined inmates.		<input type="checkbox"/> CANTEEN		<input type="checkbox"/> NORMAL	
		<input type="checkbox"/> CLOTHING ROOM		<input type="checkbox"/> NO RECREATIONAL ACTIVITIES	
FEEDING		<input type="checkbox"/> RESTRICTED WORK PROGRAM		<input checked="" type="checkbox"/> MODIFIED: See page 2	
<input type="checkbox"/> NORMAL		<input type="checkbox"/> PORTERS			
<input checked="" type="checkbox"/> CELL FEEDING		<input type="checkbox"/> NO INMATE WORKERS		CANTEEN	
<input checked="" type="checkbox"/> CONTROLLED FEEDING IN DINING ROOM		<input checked="" type="checkbox"/> OTHER: See page 2		<input type="checkbox"/> NORMAL	
<input type="checkbox"/> HOUSING UNIT		SHOWERS		<input type="checkbox"/> NO CANTEEN	
<input type="checkbox"/> DORM / POD AT A TIME		<input checked="" type="checkbox"/> NORMAL disinfecting between each use		<input checked="" type="checkbox"/> MODIFIED: See page 2	
<input type="checkbox"/> TIER AT A TIME		<input type="checkbox"/> ESCORTED		PACKAGES	
<input type="checkbox"/> HOUSING UNIT SECTION AT A TIME		<input type="checkbox"/> ONE INMATE PER SHOWER – OWN TIER		<input type="checkbox"/> NORMAL	
<input type="checkbox"/> SACK MEAL BREAKFAST:		<input type="checkbox"/> CELL PARTNERS TOGETHER – OWN TIER		<input type="checkbox"/> NO PACKAGES	
<input checked="" type="checkbox"/> SACK MEAL LUNCH		<input type="checkbox"/> DORM SHOWERING BY GROUP		<input checked="" type="checkbox"/> MODIFIED: See page 2	
<input type="checkbox"/> SACK MEAL DINNER:		<input type="checkbox"/> CRITICAL WORKERS ONLY			
DUCATS		<input type="checkbox"/> NO SHOWERS		PHONE CALLS	
<input type="checkbox"/> NORMAL		HEALTH CARE SERVICES		<input type="checkbox"/> NORMAL	
<input type="checkbox"/> CLASSIFICATION DUCATS		<input type="checkbox"/> NORMAL PROGRAM		<input type="checkbox"/> NO PHONE CALLS	
<input checked="" type="checkbox"/> PRIORITY DUCATS ONLY		<input checked="" type="checkbox"/> PRIORITY DUCATS ONLY See page 2		<input type="checkbox"/> LEGAL CALLS	
<input checked="" type="checkbox"/> OTHER: URGENT/EMERGENT ONLY		<input checked="" type="checkbox"/> CONDUCT ROUNDS IN UNITS See page 2		<input checked="" type="checkbox"/> MODIFIED: See page 2	
		<input checked="" type="checkbox"/> ESCORTED TO TREATMENT AREA See page 2		RELIGIOUS SERVICES	
VISITING		<input type="checkbox"/> EMERGENCY ONLY		<input type="checkbox"/> NORMAL	
<input type="checkbox"/> NORMAL VISITING		<input checked="" type="checkbox"/> MEDICATION DISTRIBUTION See page 2		<input checked="" type="checkbox"/> CHAPLAINS CONDUCT ROUNDS	
<input type="checkbox"/> NON-CONTACT ONLY		LAW LIBRARY		<input type="checkbox"/> MODIFIED:	
<input type="checkbox"/> NO GENERAL VISITING/FAMILY VISITING		<input type="checkbox"/> NORMAL			
<input type="checkbox"/> LEGAL VISITING		<input checked="" type="checkbox"/> PLU <input type="checkbox"/> GLU Quarantine/isolated inmates will access via paging (answering requests through institutional mail)			
<input checked="" type="checkbox"/> OTHER: See page 2. BPH will continue with attorney contacts as required.					

ATTACHMENT A

STATE OF CALIFORNIA
CDCR 3022A (REV. 03/14)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

REMARKS: Building 3 on Facility C is the designated housing area for inmates placed on quarantine/isolation for COVID-19/ILI symptoms or for contact precautionary reasons.

On Thursday, November 26, 2020, the California Department of Corrections and Rehabilitation's Director, Division of Adult Institutions advised all institutions to implement a COVID-19 mandatory 14-day modified program for all inmates to reduce staff and inmate exposure to the Coronavirus (COVID-19).

On Friday, December 04, 2020, SCC medical received positive test results for COVID-19 from an inmate housed in Dorm 61. The inmate was placed on isolation in Building 6 and Dorm 61 was placed on quarantine.

On Saturday, December 05, 2020, SCC medical received positive test results for COVID-19 from an inmate housed in Dorm 57. The inmate was placed on isolation in Building 6 and Dorm 57 was placed on quarantine.

On Sunday, December 06, 2020, SCC medical received positive COVID-19 test results for two inmates housed on Facility B. One was housed in Dorm 59 and the other in Dorm 55. The inmates were placed on isolation in Building 6 and Dorm 59 and 55 were placed on quarantine. Due to the amount of positive cases, SCC's Chief Medical Executive placed Facility B on movement restriction with testing ordered for all inmates. Only essential movement will take place on Facility B. Dorm 32 and 36 were placed on quarantine per the medical movement matrix in anticipation of transferring to conservation camps.

Additionally, SCC received positive results for four inmates on Facility B. The identified inmates were housed in the following dorms: one from Dorm 55, two from Dorm 61, and one from dorm 60. The inmates were placed on isolation in Building 6. Dorm 55 and 61 were already on quarantine for positive cases and were tested. Dorm 60 was placed on quarantine.

On Monday, December 07, 2020, the COVID-19 mandatory 14-day modified program was extended through December 16, 2020.

On Tuesday, December 08, 2020, SCC medical received positive test results for 5 inmate from various dorms on Facility B. The dorms were already on quarantine. Those identified inmates were moved to Building 6.

On Wednesday, December 09, 2020, SCC medical received positive swab test results for 62 inmates from various dorms on Facility B. Positive results were received from the following dorms: 39, 41, 46, 47, 51, 52, 53, 62, 64, 66, 71, 74, 75, & 76. Based on the amount of positive results, all of Facility B was placed on Medical Quarantine. All dorms are affected. Dorm 39, 40, 41, & 42 have been identified as isolation space to house COVID-19 positive inmates.

On Thursday, December 10, 2020, SCC's Chief Medical Executive received positive test results for 2 inmates. One was housed in Dorm 20 and the other in Dorm 23. The inmates were moved to isolation and Dorm 20 and 23 were placed on Quarantine. Additionally Dorm 03 and 14 were placed on quarantine for suspected cases.

On Friday, December 11, 2020, SCC's Chief Medical Executive received positive test results for 6 inmates. 4 from Dorm 20, 1 from Dorm 15, and 1 from Dorm 55. Dorm 20 and 55 will remain on quarantine. Dorm 15 was placed on quarantine. Additionally, Dorm 25 and 27 were identified as isolation space for positive Covid-19 inmates from Facility A. Dorm 25 and 27 were added to the PSR.

SCC's Chief Medical Executive received positive test results for an inmate in Dorm 19. The inmate will be moved to an isolation dorm on Facility A and Dorm 19 was placed on quarantine.

SCC's Chief Medical Executive received positive COVID-19 test results for 23 inmates housed at Mount Home Conservation Camp CC#10. The inmates were placed on isolation and transported back to SCC. The inmates were housed in Dorm 43 and 45. Dorm 43 and 45 were added as isolation dorms. **NO OTHER INMATES WILL BE HOUSED IN DORM 43 AND 45 OTHER THAN COVID-19 POSITIVE INMATES FROM MOUNTAIN HOME CONSERVATION CAMP.**

On Saturday, December 12, 2020, SCC Medical notified the Watch Commander of 13 inmates who tested positive for COVID-19 from various dorms on Facility A, B, and C. Those inmates were moved to isolation areas. Bldg. 2: Cell 138 & 141 were placed on isolation and Bldg. 2: Cell 140 was placed on quarantine.

On Monday, December 14, 2020, SCC Medical received a significant amount of positive COVID-19 test results for inmates on Facility B. The identified inmates were moved to isolation dorms. Dorm 46, 47, 48, 49, and 50 were placed on isolation.

On Tuesday, December 15, 2020, Dorm 51 and 52 were added as isolation dorms on Facility B. The COVID-19 mandatory 14-day modified program was extended through December 28, 2020.

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DEPARTMENT OF CORRECTIONS AND REHABILITATION

On Wednesday, December 16, 2020, inmates from the following dorms tested positive for COVID-19: 01, 06, 13, 21, 23, 15, and 66. The inmates were moved to isolation and Dorm 01, 06, 13, 21 were placed on quarantine. Dorm 15, 23, and 66 will continue their quarantine. Dorm 28 was added as isolation space for inmate positives from Oak Glen. **NO OTHER INMATES WILL BE HOUSED IN DORM 28, OTHER THAN INMATES FROM OAK GLEN.**

On Thursday, December 17, 2020, inmates from the following dorms tested positive for COVID-19: 10, 18, and 34. The inmates were moved to isolation and Dorm 10, 18, and 34 were placed on quarantine. Dorm 26 was added as isolation space for COVID-19 positive inmates.

On Friday, December 18, 2020, inmates from the following dorms tested positive for COVID-19: 02, 05, 08, 09, 12, and 16. The inmates were moved to isolation and Dorm 02, 05, 08, 09, 12, and 16 were placed on quarantine. Additionally, inmates tested positive in Building 2, 3, and 4. The inmates were moved to isolation and cellmates were placed on quarantine. Building 2 cells 124 and 136 were placed on isolation. Building 2 cells 234 and 235 were placed on quarantine.

INMATES AFFECTED: All Isolation: (25, 26, 27, 28, 30, 39-52, & Bldg. 6, Bldg. 2: Cell 124, 136, 138 & 141. Quarantine: Facility B (01, 02, 03, 05, 06, 08, 09, 10, 12, 13, 14, 15, 16, 18, 19, 20, 21, 23, 34, Bldg. 3, & Bldg. 2: Cell 140, 234 and 235)

MOVEMENT: Movement will be via direct visual observation maintaining increased social distancing unless security would dictate otherwise (i.e., Administrative Segregation Unit placement). Any movement of affected inmates outside their housing area will consist of infectious-disease best practices being followed. Inmates will wear masks during movement. Staff will wear approved PPE while in contact with affected inmates. Priority Ducats to include BPH hearings and parole planning will run as scheduled. If it becomes necessary for movement to occur outside of Building 3, it shall be done under visual escort with no direct contact with Facility C inmates.

Transfer and inmate movement: Only essential moves approved via the movement matrix and via Population Management Unit in conjunction with Health Care Population Oversight Program.

FEEDING: All of Facility B dorms will be dorm fed. Bldg. 3 & Bldg. 6 will be cell/dorm fed. Feeding on Facility A will be controlled, maintaining social distancing between dorms in the dining halls and disinfecting tables between each use. Feeding on Facility C will be one building at a time, maintaining social distancing and disinfecting tables between each use. Quarantined/isolated inmates in Building 2 will be cell fed.

VISITING: Video visiting is permitted for Facility A non-quarantined/isolated inmates only. Facility B is not permitted video visiting. Facility C is permitted video visiting except inmates on isolation/quarantine. Quarantined/isolated inmates in Building 2 are not permitted video visits.

WORKERS: Facility A and C - Critical and porters only. PFT, FFT, HFM and ORWD workers are permitted to work while maintaining social distancing and disinfecting work areas. All workers shall use appropriate Personal Protective Equipment (PPE) at all times. Porters assigned within quarantine dorms are permitted to work. Porters assigned in various buildings on Facility C are permitted to clean and sanitize Building 3 following all PPE guidelines and social distancing. Quarantined/isolated inmates in Building 2 are not permitted to work. Facility B - No critical workers from Facility B. Porters assigned within dorms are permitted to work.

DAYROOM: Normal program in dorms. Facility C numbers need to be reduced to allow for increased social distancing which may result in no dayroom activities if unable to maintain social distancing numbers to accommodate showers and phones. Isolated/quarantined inmates in Building 2 are not permitted dayroom.

RECREATION/YARD: Facility A non-quarantined inmates are permitted recreation/yard. This will be accomplished by maintaining social distancing and reducing the number of dorms released out for yard at a time. Facility A quarantine/isolation dorms are permitted recreation/yard. This will be accomplished at the facility Lieutenant's discretion. Isolation dorms will not be released for recreation with quarantined dorms. Facility B quarantine/isolation dorms are permitted recreation. This will be accomplished at the facility Lieutenant's discretion. Isolation dorms will not be released for recreation with quarantined dorms. Facility C non-quarantined inmates are permitted recreation/yard. This will be accomplished by maintaining social distancing and allowing only one building out for yard at a time. This will be accomplished at the Facility C Lieutenant's discretion. Quarantined buildings on Facility C are NOT permitted recreation. Isolated/quarantined inmates in Building 2 are NOT permitted recreation.

CANTEEN: Canteen is permitted for non-quarantined inmates. If unable to accommodate during scheduled yard time, facilitate delivery method. Canteen is permitted for inmates on isolation/quarantine at half draw limit. Quarantined inmates in Building 3 who have completed Unit Classification Committee at Sierra Conservation Center are eligible for canteen draw within their privilege group. Inmate eligibility will be based on the draw schedule. Canteen will be delivered to inmates in quarantine/isolation dorms. Canteen for isolated/quarantined inmates in Building 2 is permitted. Canteen will be delivered to inmates in Building 2.

PACKAGES: Packages are permitted for inmates in isolation/quarantine and the rest of the population. This will be accomplished at the discretion of each Facility Lieutenant one dorm at a time per a designated schedule. Quarantined/isolated inmates in Building 2 are NOT permitted packages.

PHONE CALLS: Phone calls are permitted for non-quarantined inmates. Disinfect between each use. Phone calls are permitted for inmates on quarantine/isolation. This will be accomplished one dorm at a time disinfecting phones after each use. Quarantine inmates in Building 3 who have completed Unit Classification Committee at Sierra Conservation Center are permitted phone calls. Building 6 isolated inmates are permitted phone calls disinfecting after each use. Quarantined/isolated inmates in Building 2 are NOT permitted phone calls.

ATTACHMENT A

DEPARTMENT OF CORRECTIONS AND REHABILITATION

STATE OF CALIFORNIA
CDCR 3022A (REV. 03/14)

HEALTH CARE SERVICES: Healthcare appointments for all Facilities will be URGENT/EMERGENT ONLY. Access to care will be at the discretion of the Medical Lieutenant. Medical staff will conduct daily rounds in quarantined areas noting visits in the unit logbook. Health Care Services Request Forms (CDCR 7362) will be collected by medical staff during daily rounds. If a need arises where a QUARANTINE inmate needs to report to Medical for care, they will be under visual escort by Correctional Officers. Inmates will wear surgical masks during movement. Correctional Officers will wear approved PPE while in contact with affected inmates. The designated area for URGENT/EMERGENT care for Facility C Building 3 QUARANTINED inmates is Facility C medical. The designated area for URGENT/EMERGENT care for Facility C Building 3 ISOLATED inmates will be via cell front. The designated area for URGENT/EMERGENT care for Facility A and B QUARANTINED inmates is the A/B GYM. Every effort should be made to maintain separation of Facility A and B inmates while in the Gymnasium. The designated area for URGENT/EMERGENT care for Facility C Building 6 ISOLATED inmates will be in Building 6. The designated care for URGENT/EMERGENT care for Building 2 ISOLATION/QUARANTINED inmates will be via cell front. The rest of the population not in a quarantine unit will be permitted to drop off Health Care Services Request Forms (CDCR 7362) during feeding. Medication/insulin distribution will continue as normal with an emphasis on social distancing.

REVIEWED BY:	DATE: 12/19/20	NAME / SIGNATURE (WARDEN) DATE: 12/19/20	NAME/SIGNATURE (ASSOCIATE DIRECTOR) DATE: (REQUIRED FOR INITIAL CLOSURE, & STATE OF EMERGENCY)
R. JAUREGUI Correctional Lieutenant	<i>R. Jauregui</i>	I. RAMIREZ Administrative Officer-Of-The-Day	R. DAVIS Associate Director

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STATE OF CALIFORNIA
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DEPARTMENT OF CORRECTIONS AND REHABILITATION

* No listing of Dorms 51 and 53
Isolation on this P.S.R. But
See P.S.R. of 12/22/2020: Positive Covid on 12/6/20

DAILY PROGRAM STATUS REPORT PART A – PLAN OF OPERATION / STAFF & INMATE NOTIFICATION

Describe only this reporting period's specific Plan of Operation
Upon completion, distribute to ensure all staff and inmate awareness

PLAN EFFECTIVE FOR DATE: December 12, 2020		INSTITUTION: Sierra Conservation Center	PROGRAM STATUS NUMBER: SCC-FCOP-20-033
<input type="checkbox"/> NORMAL PROGRAM	<input checked="" type="checkbox"/> MODIFIED PROGRAM	<input type="checkbox"/> LOCKDOWN	<input type="checkbox"/> STATE OF EMERGENCY <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
<input type="checkbox"/> INITIAL	<input checked="" type="checkbox"/> UPDATE	<input type="checkbox"/> CLOSURE	
RELATED INFORMATION (CHECK ALL THAT APPLY)			
AREA AFFECTED		INMATES AFFECTED	
<input checked="" type="checkbox"/> INSTITUTION:	SCC	<input checked="" type="checkbox"/> ALL	<input type="checkbox"/> BATTERY
<input checked="" type="checkbox"/> FACILITY:	A, B, & C	<input type="checkbox"/> SECURITY THREAT GROUP(S):	<input type="checkbox"/> DEATH
<input checked="" type="checkbox"/> HOUSING UNIT:	All		<input type="checkbox"/> RIOT / DISTURBANCE
<input checked="" type="checkbox"/> HOUSING LEVEL:	I & II/NDPF & III/SNY		<input type="checkbox"/> THREATS
<input checked="" type="checkbox"/> OTHER: Isolation	Dorm 25, 27, 39, 40, 41, 42, 43, 45, & Bldg. 6.	<input checked="" type="checkbox"/> OTHER: Isolation: Dorm 25, 27, 39, 40, 41, 42, 43, 45, & Bldg. 6.	<input type="checkbox"/> CONTINUING VIOLENCE
Quarantine: Dorm 03, 14, 15, 19, 20, 23, 55, & Bld. 3		Quarantine: Facility B (Dorm 03, 14, 15, 19, 20, 23, & Bldg. 3)	<input checked="" type="checkbox"/> MEDICAL QUARANTINE
Quarantine Influenza: Dorm 28		Quarantine Influenza: Dorm 28	<input checked="" type="checkbox"/> OTHER
MOVEMENT		WORKERS	DAYROOM
<input type="checkbox"/> NORMAL		<input type="checkbox"/> NORMAL	<input type="checkbox"/> NORMAL
<input checked="" type="checkbox"/> ESCORT ALL MOVEMENT		<input type="checkbox"/> CRITICAL WORKERS ONLY	<input type="checkbox"/> NO DAYROOM
<input type="checkbox"/> CLOTHED BODY SEARCH PRIOR TO ESCORT		<input type="checkbox"/> CULINARY	<input checked="" type="checkbox"/> MODIFIED: See page 2
<input type="checkbox"/> IN RESTRAINTS		<input type="checkbox"/> CLERKS	
<input type="checkbox"/> CONTROLLED MOVEMENT		<input type="checkbox"/> VOCATION/EDUCATION	RECREATION
<input checked="" type="checkbox"/> OTHER: In groups with other like quarantined inmates.		<input type="checkbox"/> CANTEEN	<input type="checkbox"/> NORMAL
		<input type="checkbox"/> CLOTHING ROOM	<input type="checkbox"/> NO RECREATIONAL ACTIVITIES
		<input type="checkbox"/> RESTRICTED WORK PROGRAM	<input checked="" type="checkbox"/> MODIFIED: See page 2
FEEDING		SHOWERS	CANTEEN
<input type="checkbox"/> NORMAL		<input type="checkbox"/> PORTERS	<input type="checkbox"/> NORMAL
<input checked="" type="checkbox"/> CELL FEEDING		<input type="checkbox"/> NO INMATE WORKERS	<input type="checkbox"/> NO CANTEEN
<input checked="" type="checkbox"/> CONTROLLED FEEDING IN DINING ROOM		<input checked="" type="checkbox"/> OTHER: See page 2	<input checked="" type="checkbox"/> MODIFIED: See page 2
<input type="checkbox"/> HOUSING UNIT		<input type="checkbox"/> ESCORTED	PACKAGES
<input type="checkbox"/> DORM / POD AT A TIME		<input type="checkbox"/> ONE INMATE PER SHOWER – OWN TIER	<input type="checkbox"/> NORMAL
<input type="checkbox"/> TIER AT A TIME		<input type="checkbox"/> CELL PARTNERS TOGETHER – OWN TIER	<input type="checkbox"/> NO PACKAGES
<input type="checkbox"/> HOUSING UNIT SECTION AT A TIME		<input type="checkbox"/> DORM SHOWERING BY GROUP	<input checked="" type="checkbox"/> MODIFIED: See page 2
<input type="checkbox"/> SACK MEAL BREAKFAST:		<input type="checkbox"/> CRITICAL WORKERS ONLY	
<input checked="" type="checkbox"/> SACK MEAL LUNCH		<input type="checkbox"/> NO SHOWERS	PHONE CALLS
<input type="checkbox"/> SACK MEAL DINNER:			<input type="checkbox"/> NORMAL
DUCATS		HEALTH CARE SERVICES	<input type="checkbox"/> NO PHONE CALLS
<input type="checkbox"/> NORMAL		<input type="checkbox"/> NORMAL PROGRAM	<input type="checkbox"/> LEGAL CALLS
<input type="checkbox"/> CLASSIFICATION DUCATS		<input checked="" type="checkbox"/> PRIORITY DUCATS ONLY See page 2	<input checked="" type="checkbox"/> MODIFIED: See page 2
<input checked="" type="checkbox"/> PRIORITY DUCATS ONLY		<input checked="" type="checkbox"/> CONDUCT ROUNDS IN UNITS See page 2	
<input checked="" type="checkbox"/> OTHER: URGENT/EMERGENT ONLY		<input checked="" type="checkbox"/> ESCORTED TO TREATMENT AREA See page 2	RELIGIOUS SERVICES
VISITING		<input type="checkbox"/> EMERGENCY ONLY	<input type="checkbox"/> NORMAL
<input type="checkbox"/> NORMAL VISITING		<input checked="" type="checkbox"/> MEDICATION DISTRIBUTION See page 2	<input checked="" type="checkbox"/> CHAPLAINS CONDUCT ROUNDS
<input type="checkbox"/> NON-CONTACT ONLY		<input type="checkbox"/> LAW LIBRARY	<input type="checkbox"/> MODIFIED:
<input type="checkbox"/> NO GENERAL VISITING/FAMILY VISITING			
<input type="checkbox"/> LEGAL VISITING		<input type="checkbox"/> NORMAL	
<input checked="" type="checkbox"/> OTHER: See page 2. BPH will continue with attorney contacts as required.		<input checked="" type="checkbox"/> PLU <input type="checkbox"/> GLU	

ATTACHMENT A

STATE OF CALIFORNIA
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DEPARTMENT OF CORRECTIONS AND REHABILITATION

REMARKS: Building 3 on Facility C is the designated housing area for inmates placed on quarantine/isolation for COVID-19 /ILI symptoms or for contact precautionary reasons.

On November 24, 2020, SCC's Chief Medical Executive confirmed that an inmate housed in Dorm 72 received a positive COVID-19 test. The inmate was placed in isolation in Building 6. Building 6 was activated and placed on quarantine. Dorm 72 was placed on quarantine.

On Thursday, November 26, 2020, the California Department of Corrections and Rehabilitation's Director, Division of Adult Institutions, advised all institutions to implement a COVID-19 mandatory 14-day modified program for all inmates to reduce staff and inmate exposure to the Coronavirus (COVID-19).

On Wednesday, December 02, 2020, Dorm 31, 33, 34, and 38 were placed on quarantine per the medical movement matrix in anticipation of transferring to conservation camps.

On Friday, December 04, 2020, SCC medical received positive test results for COVID-19 from an inmate housed in Dorm 61. The inmate was placed on isolation in Building 6 and Dorm 61 was placed on quarantine.

On Saturday, December 05, 2020, SCC medical received positive test results for COVID-19 from an inmate housed in Dorm 57. The inmate was placed on isolation in Building 6 and Dorm 57 was placed on quarantine.

On Sunday, December 06, 2020, SCC medical received positive COVID-19 test results for two inmates housed on Facility B. One was housed in Dorm 59 and the other in Dorm 55. The inmates were placed on isolation in Building 6 and Dorm 59 and 55 were placed on quarantine. Due to the amount of positive cases, SCC's Chief Medical Executive placed Facility B on movement restriction with testing ordered for all inmates. Only essential movement will take place on Facility B. Dorm 32 and 36 were placed on quarantine per the medical movement matrix in anticipation of transferring to conservation camps.

Additionally, SCC received positive results for four inmates on Facility B. The identified inmates were housed in the following dorms: one from Dorm 55, two from Dorm 61, and one from dorm 60. The inmates were placed on isolation in Building 6. Dorm 55 and 61 were already on quarantine for positive cases and were tested. Dorm 60 was placed on quarantine.

On Tuesday, December 08, 2020, SCC medical received positive test results for 5 inmate from various dorms on Facility B. The dorms were already on quarantine. Those identified inmates were moved to Building 6.

On Wednesday, December 09, 2020, SCC medical received positive swab test results for 62 inmates from various dorms on Facility B. Positive results were received from the following dorms: 39, 41, 46, 47, 52, 53, 62, 64, 66, 71, 74, 75, & 76. Based on the amount of positive results, all of Facility B was placed on Medical Quarantine. All dorms are affected. Dorm 39, 40, 41, & 42 have been identified as isolation space to house COVID-19 positive inmates.

On Thursday, December 10, 2020, SCC's Chief Medical Executive received positive test results for 2 inmates. One was housed in Dorm 20 and the other in Dorm 23. The inmates were moved to isolation and Dorm 20 and 23 were placed on Quarantine. Additionally Dorm 03 and 14 were placed on quarantine for suspected cases.

On Friday, December 11, 2020, SCC's Chief Medical Executive received positive test results for 6 inmates. 4 from Dorm 20, 1 from Dorm 15, and 1 from Dorm 55. Dorm 20 and 55 will remain on quarantine. Dorm 15 was placed on quarantine. Additionally, Dorm 25 and 27 were identified as isolation space for positive Covid-19 inmates from Facility A and were added to the PSR. Dorm 28 was added as an isolation space for Influenza positive inmates only NOT positive COVID-19 inmates.

SCC's Chief Medical Executive received positive test results for an inmate in Dorm 19. The inmate will be moved to an isolation dorm on Facility A and Dorm 19 was placed on quarantine.

SCC's Chief Medical Executive received positive COVID-19 test results for 23 inmates housed at Mount Home Conservation Camp CC#10. The inmates were placed on isolation and transported back to SCC. The inmates were housed in Dorm 43 and 45. Dorm 43 and 45 were added as isolation dorms. NO OTHER INMATES WILL BE HOUSED IN DORM 43 AND 45 OTHER THAN COVID-19 POSITIVE INMATES FROM MOUNTAIN HOME CONSERVATION CAMP.

INMATES AFFECTED: All. (Isolation 25, 27, 39, 40, 41, 42, 43, 45, Bldg. 3, & Bldg. 6) (Quarantine Dorm 03, 14, 15, 19, 20, 23, & Bldg. 3)

MOVEMENT: Movement will be via direct visual observation maintaining increased social distancing unless security would dictate otherwise (i.e. Administrative Segregation Unit placement). Any movement of affected inmates outside their housing area will consist of infectious disease best practices being followed. Inmates will wear masks during movement. Staff will wear approved PPE while in contact with affected inmates. Priority Ducats to include BPH hearings and parole planning will run as scheduled. If it becomes necessary for movement to occur outside of Building 3, it shall be done under visual escort with no direct contact with Facility C inmates.

Transfer and inmate movement: Only essential moves approved via the movement matrix and via Population Management Unit in conjunction with Health Care Population Oversight Program.

FEEDING: All of Facility B dorms will be dorm fed. Bldg. 3 & Bldg. 6 will be cell/dorm fed. Feeding on Facility A will be controlled, maintaining social distancing between dorms in the dining halls and disinfecting tables between each use. Feeding on Facility C will be one building at a time, maintaining social distancing and disinfecting tables between each use.

ATTACHMENT A

STATE OF CALIFORNIA
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DEPARTMENT OF CORRECTIONS AND REHABILITATION

VISITING: Video visiting is permitted for Facility A non-quarantined inmates only. Facility B is not permitted video visiting. Facility C is permitted video visiting except inmate on isolation/quarantine.

WORKERS: Facility A and C - Critical and porters only. PFT, FFT, PUPP, HFM and ORWD workers are permitted to work while maintaining social distancing and disinfecting work areas. All workers shall use appropriate Personal Protective Equipment (PPE) at all times. Porters assigned within quarantine dorms are permitted to work. Porters assigned in various buildings on Facility C are permitted to clean and sanitize Building 3 following all PPE guidelines and social distancing.

Facility B - No critical workers from Facility B. Porters assigned within dorms are permitted to work.

DAYROOM: Normal program in dorms. Facility C numbers need to be reduced to allow for increased social distancing which may result in no dayroom activities if unable to maintain social distancing numbers to accommodate showers and phones.

RECREATION/YARD: Facility A non-quarantined inmates are permitted recreation/yard. This will be accomplished by maintaining social distancing and reducing the number of dorms released out for yard at a time. Facility A quarantine/isolation dorms are permitted recreation/yard. This will be accomplished at the facility Lieutenant's discretion. Isolation dorms will not be released for recreation with quarantined dorms. Facility B quarantine/isolation dorms are permitted recreation. This will be accomplished at the facility Lieutenant's discretion. Isolation dorms will not be released for recreation with quarantined dorms. Facility C non-quarantined inmates are permitted recreation/yard. This will be accomplished by maintaining social distancing and allowing only one building out for yard at a time. Quarantined Dorms/Buildings are permitted recreation/yard. This will be accomplished at the Facility C Lieutenants discretion.

CANTEEN: Canteen is permitted for non-quarantined inmates. If unable to accommodate during scheduled yard time, facilitate delivery method. Canteen is permitted for inmates on isolation/quarantine at half draw limit. Quarantined inmates in Building 3 who have completed Unit Classification Committee at Sierra Conservation Center are eligible for canteen draw within their privilege group. Inmate eligibility will be based on the draw schedule. Canteen will be delivered to the quarantined/isolation dorms.

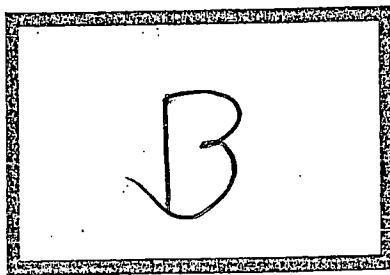
PACKAGES: Packages are permitted for non-quarantined inmates. Packages are permitted for inmates in isolation/quarantine. This will be accomplished at the discretion of each Facility Lieutenant one dorm at a time per a designated schedule.

PHONE CALLS: Phone calls are permitted for non-quarantined inmates. Disinfect between each use. Phone calls are permitted for inmates on quarantine/isolation. This will be accomplished one dorm at a time disinfecting phones after each use. Quarantine inmates in Building 3 who have completed Unit Classification Committee at Sierra Conservation Center are permitted phone calls. Building 6 isolated inmates are permitted phone calls disinfecting after each use.

HEALTH CARE SERVICES: Healthcare appointments for all Facilities will be URGENT/EMERGENT ONLY. Access to care will be at the discretion of the Medical Lieutenant. Medical staff will conduct daily rounds in quarantined areas noting visits in the unit logbook. Health Care Services Request Forms (CDCR 7362) will be collected by medical staff during daily rounds. If a need arises where a QUARANTINE inmate needs to report to Medical for care, they will be under visual escort by Correctional Officers. Inmates will wear surgical masks during movement. Correctional Officers will wear approved PPE while in contact with affected inmates. The designated area for URGENT/EMERGENT care for Facility C Building 3 QUARANTINED inmates is Facility C medical. The designated area for URGENT/EMERGENT care for Facility C Building 3 ISOLATED inmates will be via cell front. The designated area for URGENT/EMERGENT care for Facility A and B QUARANTINED inmates is the A/B GYM. Every effort should be made to maintain separation of Facility A and B inmates while in the Gymnasium. The designated area for URGENT/EMERGENT care for Facility C Building 6 ISOLATED inmates will be in Building 6. The rest of the population not in a quarantine unit will be permitted to drop off Health Care Services Request Forms (CDCR 7362) during feeding. Medication/Insulin distribution will continue as normal with an emphasis on social distancing.

REVIEWED BY:	DATE: 12/12/20	NAME / SIGNATURE (WARDEN) DATE: 12/12/20	NAME/SIGNATURE (ASSOCIATE DIRECTOR) DATE:
R. JAUREGUI		E. SPANGLER	R. DAVIS
Correctional Lieutenant		Administrative Officer-Of-The-Day	Associate Director

EXHIBIT



DECLARATION OF PATRICIO GONZALEZ

On 12-15-20, (in the evening) I was exposed to Covid-19 by Sierra Conservation Center moving four inmates into my dorm (#69) from dorms known to be inhabited by Covid-19 positive inmates.

S.C.C. was even aware of an ambulance escorting an inmate from the very same dorm(s), for complications due to Covid-19, THE SAME DAY OF THE MOVES, that exposed me to Covid-19.

Residents from my dorm, and myself, watched on T.V. how deadly the virus was, and knew as the inmates moving into our dorm, were stacking their property at our front door, that any one of us could die, if they succeeded in moving in.

In an attempt to prevent the moves, residents from our dorm layed in front of the door, forming a human barrier. One inmate was placed into handcuffs and told he was going to the SHU, and the rest of us were told that we would be sent to a yard that would not welcome NDPF inmates there. A threat on all our lives.

There were many completely empty dorms to utelize, instead of placeing our lives in danger, and I still do not know why those dorms were not used. (moves made before 12-15-20, created that space)

The entire dorm I lived in, was tested for Covid-19, on the 7th and 11th day of that December, and we were all negative both times, a fact known to S.C.C. by the Daily program Status Reports available to them, and medical recieving those actual test results by FAX, on THE DAY OF THE MOVES.

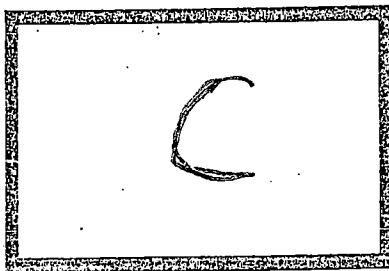
It was obvious that the Administration knew the inevitable outcome of the moves exposing me to Covid-19, and I would just like to know why my life and 27 others meant so little to prison officals.

I, Patricio Gonzalez, declare under penalty of perjury, that the aforementioned facts are true and correct so help me God.

Date: 9-11-23


Patricio Gonzalez

EXHIBIT





CALIFORNIA DEPARTMENT of
Corrections and Rehabilitation

CLAIMANT GRIEVANCE CLAIMS DECISION RESPONSE

Re: Grievance Claims Decision Response

Offender Name: MARSALA, JOSEPH AUGUST

Date: 02/05/2021

CDC#: AF9575

Current Location: SCC-Facility B

Current Area/Bed: B 001E2 - 059012L

Log #: 000000074630

Claim #: 001

Institution/Parole Region of Origin: Sierra Conservation Center

Facility/Parole District of Origin: SCC-Facility B

Housing Area/Parole Unit of Origin:

Category: COVID-19

Sub-Category: Social Distancing

I. CLAIM

You state you were exposed to COVID-19 after bed moves were made from quarantined Dorms 51 & 53 to Dorm 69 on December 15, 2020, on Third Watch. You are requesting the names of the person responsible for initiating the bed moves.

II. RULES AND REFERENCES

A. CONTROLLING AUTHORITY

Department Operations Manual, Section 54100.4, Right to Appeal. Memorandum dated May 11, 2020, titled, "COVID-19 Guidance for Daily Program Regarding Social Distancing for Cell of Alternative/Dorm Style Housing of Eight Person Cohorts," signed by Connie Gibson, Director of the Division of Adult Institutions.

B. DOCUMENTS CONSIDERED

Grievance Log #74630. Daily Program Status Report Log #SCC-FCOP-20-033.

III. REASONING AND DECISION

Inmate housing movements are conducted in accordance with directives from COVID-19 Housing Matrix, the Incident Command Post, and Health Care Providers who are tasked with protecting all inmates, staff, and volunteers from exposure to COVID-19. Inmates who have not tested positive for COVID-19, are separated from the inmate population with positive test results. COVID-19 testing for the inmate population is ongoing at this time. Individual test results dictate all inmate bed moves for the safety of everyone at Sierra Conservation Center.

IV. REMEDY

The COVID-19 Housing Matrix, Incident Command Post and Health Care Providers direct the bed moves.

Decision: Approved

After a thorough review of all documents and evidence presented at the Office of Grievances Level, it is the order of the Office of Grievance to APPROVE the claim.

If you are dissatisfied with the decision of this claim, you may file a 602-2, appeal with the California Department of Corrections and Rehabilitation Office of Appeals.

If more than 30 calendar days have passed since the decision was sent to you, and your remedy has not been implemented, you may file a CDCR Form 602-3, Request to Implement Remedies Form. You must wait until after the 30th day has passed to submit this request.

Staff Signature	Title	Date/Time
T. Allen [ALTR002]	CDW	02/04/2021

Claim #: 002

Institution/Parole Region of Origin: Sierra Conservation Center

Facility/Parole District of Origin: SCC-Facility B

Housing Area/Parole Unit of Origin:

Category: General Employee Performance

Sub-Category: Other Staff Misconduct - NOS

I. CLAIM

You state staff are not wearing their facial masks in accordance with current mandates.

II. RULES AND REFERENCES

A. CONTROLLING AUTHORITY

Department Operations Manual, Section 54100.4, Right to Appeal.

B. DOCUMENTS CONSIDERED

Grievance Log #074630.

III. REASONING AND DECISION

Your grievance was reviewed the by the Hiring Authority determined it is a supervisory matter. You were interviewed on January 25, 2021, regarding your grievance and its content. During the interview, you stated you had originally filed the appeal in December of 2020, but since then staff have improved greatly. You refused to identify staff members you observed not wearing masks or what days it occurred. You stated you fear staff would retaliate if they knew you provided names of those not in compliance with mask-wearing standards. It was reiterated to you the importance of providing staff names so this matter could be further investigated, you continued to refuse to provide staff names; therefore, the interview was concluded. Information obtained during the interview has been documented and processed according to departmental policies and procedures. The interview conducted did not yield supportive information of staff egregiously or purposefully violating departmental policy by not wearing facial masks.

Decision: Disapproved

After a thorough review of all documents and evidence presented at the Office of Grievances Level, it is the order of the Office of Grievance to DISAPPROVE the claim.

If you are dissatisfied with the decision of this claim, you may file a 602-2, appeal with the California Department of Corrections and Rehabilitation Office of Appeals.

Staff Signature	Title	Date/Time
T. Allen [ALTR002]	CDW	02/04/2021

STATE OF CALIFORNIA
GRIEVANCE
CDCR 602-1 (03/20)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Page 1 of 2

STAFF USE ONLY

Grievance #: 00000014630 Date Received: JAN 05 2021
Date Due: _____
Categories: _____

This is the process to ask for help with a complaint.

Claimant Name: Marsala, Joseph CDCR #: AF8575 Current Housing/Parole Unit: 59/15^{low}
Institution/Facility/Parole Region: Fac. B at Sierra Conservation Center

In order for the Department to understand your complaint, make sure you have answered the following questions:

- What is the nature of your complaint?
- When and where did the complaint occur?
- Who was involved?
- Which specific people can support your complaint?
- Did you try to informally resolve the complaint?
- What rule or policy are you relying on to make your complaint?
- Are there documents that would be helpful to support your position? List the documents if you do not have them. Please note that documents submitted with this form will not be returned.
- What specific action would resolve your complaint?

• I was exposed to communicable disease when moves were made from Quarantined Dorms 51 and 53 to Dorm 69 on 12/15/20 - 3rd watch

• I tried to orally grieve that move and was threatened to be sent to a C.P. yard in violation of Penal Code § 422

• I contracted covid-19. My heart rate is tripping out, my nose keeps bleeding and this could've been avoided and may get worse.

• P.S.R. says that moves are made ONLY in conjunction with Administration and Health Care Population Oversight Program

• The move was made in a deliberately indifferent manner and in violation of 8th amendment Cruel and Unusual Living Conditions.

• I want those responsible for the moves, for forcing me to be exposed to the seriously and dangerously communicable disease of Covid-19, to be made known to me, so I can hold them accountable for their actions, in a Civil Rights Complaint/lawsuit.

GRIEVANCE

CDCR 602-1 (03/20)

Page 2 of 2

Helling v. McKinney (1993) 509 U.S. 25, 33.

"Prison officials may not be deliberately indifferent to the exposure of inmates to a serious communicable disease."

- No masks by ~~and~~ Watch officers for months, though mandated
- No partitions between each 8 men as previously claimed by CDCR
- No staggering of sleeping quarters were enforced, though mandated
- No 14-Day Quarantine/Isolation - after 12/15/20 though mandated
- No sufficient space for physical distancing, though mandated in Re Ivan Von Storch
- No tents used to expand available space although funded to do so.
- No effective Covid-19 leadership resulted in me now being Covid-19 positive

Reminder: Please attach all documents in your possession that support your claim(s).

Please note that this form and supporting documents will not be returned to you.

Claimant Signature: 

Date Signed: 12/24/20

DISTRIBUTION

Original: Claimant's File

Copies: DAI, DAPO, and Claimant

STAFF USE ONLY

Expedited? ☐ Yes ☐ No

Tracking #:

SLC HC 21000157

Staff Name and Title (Print)

Signature

Date

If you think you have a medical, mental health or dental emergency, notify staff immediately. If additional space is needed, use Section A of the CDCR 602 HC A Health Care Grievance Attachment. Only one CDCR 602 HC A will be accepted. You must submit this health care grievance to the Health Care Grievance Office for processing. Refer to California Code of Regulations (CCR), Title 15, Chapter 2, Subchapter 2, Article 5 for further guidance with the health care grievance process.

Do not exceed more than one row of text per line. WRITE, PRINT, or TYPE CLEARLY in black or blue ink.

Name (Last, First, MI):

Marsala, Joseph

CDCR #:

AF9575

Unit/Cell #:

Dorm 59

SECTION A:

Explain the applied health care policy, decision, action, condition, or omission that has had a material adverse effect upon your health or welfare for which you seek administrative remedy: No Covid-19 preventive measures utilized permanently.

e.g. ① No masks by staff, ② No Partitions in dorms, ③ No staggering of sleeping quarters on each, ④ No 14-Day Quarantining of positive/contacted inmates after 12/15/20, ⑤ No sufficient space for physical distancing, ⑥ No tents utilized to expand space availability, ⑦ As a result of #4 I am Covid-19 positive, bleeding from my nostrils and experiencing chest pain/pressure to my heart, pain in midsection front and back, and who knows what lies ahead from after effects of Covid-19. ⑧ I would like to know why the moves made on 12/15/20, (made in conjunction with Health Care Population Oversight Program) from where Covid-19 inmates had contact with inmates in dorm 51 and 53, were moved to my dorm #69 and effectively spread Covid-19 throughout an otherwise uncontaminated dorm? and/or why an inmate who recovered from Covid-19 was moved into Dorm 69, knowing he could still be a carrier from another prison? Why was I exposed to a seriously communicable disease? With no concern for my life, I would like to be answered, How much money did it take?

Supporting Documents Attached. Refer to CCR 3999.227

☒ Yes ☐ No

Program Status Report of 12-12-20 (see H.)
Dorm 51 and 53 Isolated/quarantined

Grievant Signature:

Date Submitted: 12/27/20

BY PLACING MY INITIALS IN THIS BOX, I REQUEST TO RECEIVE AN INTERVIEW AT THE INSTITUTIONAL LEVEL.

SECTION B: HEALTH CARE GRIEVANCE REVIEW INSTITUTIONAL LEVEL: Staff Use Only

Is a CDCR 602 HC A attached? ☐ Yes ☐ No

This grievance has been:

☐ Rejected (See attached letter for instruction): Date: _____ Date: _____

☐ Withdrawn (see section E)

☐ Accepted Assigned To: _____ Title: _____ Date Assigned: _____ Date Due: _____

Interview Conducted? ☐ Yes ☐ No Date of Interview: _____ Interview Location: _____

Interviewer Name and Title (print): _____ Signature: _____ Date: _____

Reviewing Authority Name and Title (print): _____ Signature: _____ Date: _____

Disposition: See attached letter

☐ Intervention

☐ No Intervention

HCGO Use Only: Date closed and mailed/delivered to grievant:

1. Disability Code:

☐ TABE score \leq 4.0
☐ DPH ☐ DPV ☐ LD
☐ DPS ☐ DNH
☐ DDP
☐ Not Applicable

2. Accommodation:

☐ Additional time
☐ Equipment ☐ SLI
☐ Louder ☐ Slower
☐ Basic ☐ Transcribe
☐ Other*

3. Effective Communication:

☐ Patient asked questions
☐ Patient summed information
Please check one:
☐ Not reached* ☐ Reached
*See chrono/notes

4. Comments:

RECEIVED

MAR 11 2021

HCGO

COMPLETE

MAY 03 2021

HCGO

COMPLETED
HCCAB
JUL 28 2021

RECEIVED
HCCAB
MAY 13 2021

Tracking #:

SECTION C:

Health Care Grievance Appeal. If you are dissatisfied with the Institutional Level Grievance Response, explain the reason below (if more space is needed, use Section C of the CDCR 602 HC A), and submit the entire health care grievance package by mail for Headquarters' (HQ) Level health care grievance appeal review. Mail to: Health Care Correspondence and Appeals Branch, P.O. Box 588500, Elk Grove, CA 95758.

Grievant Signature:

Date Submitted:

SECTION D: HEALTH CARE GRIEVANCE APPEAL REVIEW HQ LEVEL: Staff Use Only

Is a CDCR 602 HC A attached? ☐ Yes ☐ No

This grievance has been:

☐ Rejected (See attached letter for instruction): Date: _____ Date: _____

☐ Withdrawn (see section E) ☐ Accepted

☐ Amendment Date: _____

Interview Conducted? ☐ Yes ☐ No Date of Interview: _____ Interview Location: _____

Interviewer Name and Title (print): _____ Signature: _____ Date: _____

Disposition: See attached letter ☐ Intervention ☐ No Intervention

This decision exhausts your administrative remedies.

HQ Use Only: Date closed and mailed/delivered to grievant:

SECTION E: Grievant requests to WITHDRAW health care grievance: I request that this health care grievance be withdrawn from further review. Reason:

Grievant Signature:

Date Submitted:

Staff Name and Title (Print):

Signature:

Date:

STAFF USE ONLY

Distribution: Original - Returned to grievant after completed; Scanned Copy - Health Care Appeals and Risk Tracking System 2.0 (Do not place in central file or health record)

Unauthorized collection, creation, use, disclosure, modification or destruction of personally identifiable information and/or protected health information may subject individuals to civil liability under applicable federal and state laws.

STAFF USE ONLY	Expedited? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Tracking #:
GLENN SCOTT BARLOW RN		SCC HC 21000157
Staff Name and Title (Print)		Signature: [Signature] Date: 03/10/21

If you think you have a medical, mental health or dental emergency, notify staff immediately. If additional space is needed, use Section A of the CDCR 602 HC A Health Care Grievance Attachment. Only one CDCR 602 HC A will be accepted. You must submit this health care grievance to the Health Care Grievance Office for processing. Refer to California Code of Regulations (CCR), Title 15, Chapter 2, Subchapter 2, Article 5 for further guidance with the health care grievance process.

Do not exceed more than one row of text per line. WRITE, PRINT, or TYPE CLEARLY in black or blue ink.

Name (Last, First, MI):	CDCR #:	Unit/Cell #:
Marsaja, Joseph	AF9575	59/12 low

SECTION A: Explain the applied health care policy, decision, action, condition, or omission that has had a material adverse effect upon your health or welfare for which you seek administrative remedy: C-Smith USED a Machination to Prevent Grievance.

On 12/27/20, I filed the attached HCG together with a regular 602, for CDCR's involvement with moves made on 12/15/20 in conjunction with medical's involvement, Hence two 602's one medical and 1 institutional. It is now 3/5/21 and no answer has been made or given. S.C.C. was deliberately Indifferent when they exposed me to a seriously Communicable Disease, as was Medical staff. And now, Medical Appeals Coordinator is manipulating my only avenue to petition the government for the redress of Grievances. This is a Machination to prevent the PLRA regulation that All Prison Conditions Claims must be exhausted prior to presenting these issues to the Federal Courts. *This is my Appeal for that machination of NOT ANSWERING Attached Grievance.*

Supporting Documents Attached Refer to CCR 3999.227 ☒ Yes ☐ No

Grievant Signature: [Signature] Date Submitted: 3/5/21

BY PLACING MY INITIALS IN THIS BOX, I REQUEST TO RECEIVE AN INTERVIEW AT THE INSTITUTIONAL LEVEL. ☒ NO

SECTION B: HEALTH CARE GRIEVANCE REVIEW INSTITUTIONAL LEVEL: Staff Use Only	Is a CDCR 602 HC A attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
This grievance has been:	
<input type="checkbox"/> Rejected (See attached letter for instruction): Date: _____ Date: _____	
<input type="checkbox"/> Withdrawn (see section E)	
<input checked="" type="checkbox"/> Accepted	
Assigned To: C. Smith	Title: HCGC
Date Assigned: 3/11/21	Date Due: 5/13/21
Interview Conducted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Date of Interview: _____ Interview Location: _____
Interviewer Name and Title (print):	Signature: _____ Date: _____
Reviewing Authority Name and Title (print): G Milliken-CSE(H)	Signature: [Signature] Date: 5-3-2021
Disposition: See attached letter <input type="checkbox"/> Intervention <input checked="" type="checkbox"/> No Intervention	

HCGO Use Only: Date closed and mailed/delivered to grievant: MAY 03 2021

1. Disability Code: <input type="checkbox"/> TABE score \leq 4.0 <input type="checkbox"/> DPH <input type="checkbox"/> DPV <input type="checkbox"/> LD <input type="checkbox"/> DPS <input type="checkbox"/> DNH <input type="checkbox"/> DDP <input type="checkbox"/> Not Applicable	2. Accommodation: <input type="checkbox"/> Additional time <input type="checkbox"/> Equipment <input type="checkbox"/> SLI <input type="checkbox"/> Louder <input type="checkbox"/> Slower <input type="checkbox"/> Basic <input type="checkbox"/> Transcribe <input type="checkbox"/> Other*	3. Effective Communication: <input type="checkbox"/> Patient asked questions <input type="checkbox"/> Patient summed information Please check one: <input type="checkbox"/> Not reached* <input type="checkbox"/> Reached *See chrono/notes	RECEIVED SCC MAR 10 2021 HCGO	COMPLETED MAY 03 2021 STAFF USE ONLY HCCAB MAY 13 2021	COMPLETED HCCAB JUL 28 2021
4. Comments:					

Diabe 12-5

SECTION C: Health Care Grievance Appeal. If you are dissatisfied with the Institutional Level Grievance Response, explain the reason below (if more space is needed, use Section C of the CDCR 602 HC A), and submit the entire health care grievance package by mail for Headquarters' (HQ) Level health care grievance appeal review. Mail to: Health Care Correspondence and Appeals Branch, P.O. Box 588500, Elk Grove, CA 95758.

Grievances "Were Not" picked up from 12/27/20 (maybe before) until 1/2/21. The only way to see that, is look for "ANY" grievance that was "Received" between 12/27/20 and 1/2/21 at Sierra Conservation Center on Fac B! Leaving a grievance in "the Box" for 11 days is no excuse for your Time Elapses. Back dating is illegal, and changing the subject is confusing, (You gave me Covid-19 and you dropped the Ball on time, PERIOD)

Grievant Signature: 

Date Submitted: 5/5/21

SECTION D: HEALTH CARE GRIEVANCE APPEAL REVIEW HQ LEVEL: Staff Use Only

Is a CDCR 602 HC A attached? ☒ Yes ☐ No

This grievance has been:

☐ Rejected (See attached letter for instruction): Date: _____ Date: _____

☐ Withdrawn (see section E) ☒ Accepted

☐ Amendment Date: _____

Interview Conducted? ☐ Yes ☒ No Date of Interview: _____ Interview Location: _____

Interviewer Name and Title (print): _____ Signature: _____ Date: _____

Disposition: See attached letter ☐ Intervention ☒ No Intervention

This decision exhausts your administrative remedies.

HQ Use Only: Date closed and mailed/delivered to grievant: JUL 28 2021

SECTION E: Grievant requests to WITHDRAW health care grievance: I request that this health care grievance be withdrawn from further review. Reason:

Grievant Signature:

Date Submitted:

Staff Name and Title (Print):

Signature:

Date:

STAFF USE ONLY

STAFF USE ONLY

Tracking #:

SCC HC 21000157

Attach this form to the CDCR 602 HC, Health Care Grievance, only if more space is needed. Only one CDCR 602 HC A may be used.

Do not exceed more than one row of text per line. WRITE, PRINT, or TYPE CLEARLY in black or blue ink.

Name (Last, First, MI):

Marsala, Joseph, A.

CDCR Number:

AF9575

Unit/Cell Number:

59/12 low

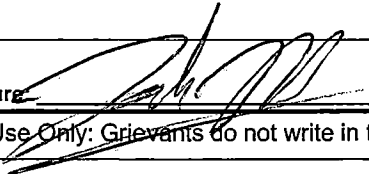
SECTION A:

Continuation of CDCR 602 HC, Health Care Grievance, Section A only (Explain the applied health care policy, decision, action, condition, or omission that has had a material adverse effect upon your health or welfare for which you seek administrative remedy):

I did not know this Appeal was neglected to be answered, until I received an answer from SCC HC 21000004 on "today's" date 3/5/21. (which had NOTHING to do with medical, only how S.C.C. FAILS TO MAKE ANY FORMS AVAILABLE TO THE INMATES LIVING IN DORMS WHILE ON LOCKDOWN)

Why has my Grievance filed on 12/27/20 NOT been addressed yet? I will NOT chase this Red Heron!

Grievant Signature:



Date Submitted:

3/5/21

SECTION B: Staff Use Only: Grievants do not write in this area. Grievance Interview Clarification. Document issue(s) clarified during interview.

Name and Title:

Signature:

Date:

RECEIVED
SCC
MAR 10 2021

HCCO

COMPLETE
MAY 03 2021

HCCO

RECEIVED
STAFF USE ONLY
HCCAB
MAY 13 2021

HEALTH CARE GRIEVANCE ATTACHMENT

CDCR 602 HC A (10/18)

Case 1:22-cv-00843-KES-BAM

Document 31

Filed 10/03/23

Page 35 of 49

Page 2 of 2

Tracking #: SCC HC 21000157

SECTION C: Continuation of CDCR 602 HC, Health Care Grievance Appeal, Section C only (Dissatisfied with Health Care Grievance Response):

Is this really a remedy? Documenting unrelated
602 of medical form Unavailability as the Exposure to
Covid-19 grievance

Take a look at "Actual Grievances" 1-6 and you'll find
that None are addressed on this Institutional Level Response

Grievant Signature: 

Date Submitted: 5/5/21

SECTION D:

Staff Use Only. Grievants do not write in this area. Grievance Appeal Interview Clarification. Document issue(s) clarified during interview
(If necessary at HQ Level).

Name and Title: _____

Signature: _____

Date: _____

STAFF USE ONLY

Distribution: Original - Returned to grievant after completed, Scanned Copy - Health Care Appeals and Risk Tracking System 2.0 (Do not place in central file or health record)

Unauthorized collection, creation, use, disclosure, modification or destruction of personally identifiable information and/or protected health information may subject individuals to civil liability under applicable federal and state laws.

STATE PRISON
GENERATED MAIL

Chief I. A. O.
Dept. of Corrections and Rehab.
P.O. Box 942883
Sacramento, Ca.

[illegible]

333



CALIFORNIA DEPARTMENT of
Corrections and Rehabilitation

CLAIMANT APPEAL CLAIMS DECISION RESPONSE

Re: Appeal Claims Decision Response

Offender Name: MARSALA, JOSEPH AUGUST

Date: 05/08/2021

CDC#: AF9575

Current Location: SCC-Facility B

Current Area/Bed: B 001E2 - 059012L

Log #: 000000074630

Claim # 001

Institution/Parole Region of Origin: Sierra Conservation Center

Facility/Parole District of Origin: SCC-Facility B

Housing Area/Parole Unit of Origin:

Category: COVID-19

Sub-Category: Social Distancing

The California Department of Corrections and Rehabilitation (CDCR) Office of Appeals received this claim on 03/08/2021.

California Code of Regulations, title 15, provides the Office of Appeals 60 calendar days to complete a response. Due to the expiration of time, this response by the Office of Appeals will be the only response.

You do not need to resubmit this claim to the Office of Grievances or to the CDCR Office of Appeals.

Decision: Time Expired

Claim # 002

Institution/Parole Region of Origin: Sierra Conservation Center

Facility/Parole District of Origin: SCC-Facility B

Housing Area/Parole Unit of Origin:

Category: General Employee
Performance

Sub-Category: Other Staff Misconduct - NOS

I. ISSUE ON APPEAL

Appellant asserts CDCR was negligent regarding the safety and security of the inmate population during the Covid-19 crisis. Appellant contends being exposed to COVID-19 after bed moves were made from quarantined Dorms 51 & 53 to Dorm 69 on December 15, 2020, on Third Watch.

II. RULES AND REFERENCES

A. CONTROLLING AUTHORITY

Title 15, section 3000, 3001, 3005, 3999, 3484, 3485 and 3486

B. DOCUMENTS CONSIDERED

CDCR Form 602, Log #74630

Memorandum dated April 08, 2020, COVID-related Cleaning Protocols for Institutions authored by Director, C. Gipson

Memorandum dated April 16, 2020, CALPIA Cloth Face Barrier/Masks authored by Director, C. Gipson.

Memorandum dated May 11, 2020, Guidance for Daily Program Regarding Social Distancing for Cell or Alternative

III. REASONING AND DECISION

The California Department of Corrections and Rehabilitation (CDCR), Office of Grievances at SCC received your Form 602 on January 5, 2021. In your grievance, you express concern for your health and complain that CDCR is not doing enough to address the COVID-19 pandemic. You specifically allege being exposed to the virus due to staff being underprepared not wearing mandated masks. During the fact gathering, an interview with appellant was conducted and appellant failed to provide names of staff not wearing masks, therefore the fact gatherer was not able to substantiate the claims. CDCR understands the risks that the COVID-19 pandemic presents to CDCR inmates, staff, and volunteers. In light of these risks, CDCR is taking the following steps:

Requiring testing of all adult institutions operations and health care staff statewide, regardless of the number of COVID-19 cases. Baseline testing at all institutions is planned to be completed by July 16. Fifteen prisons have completed staff baseline testing. These include SQ, ASP, COR, CCC, HDSP, CHCF, CMF, CCWF, SOL, CIM, CRC, ISP, CVSP, CEN and CCI. Baseline testing at the remaining twenty facilities is scheduled at the remaining institutions (PBSP, FSP, SAC, MCSP, SCC, DVI, VSP, CTF, SVSP, PVSP, SATF, NKSP, WSP, KVSP, CMC, LAC, CIW, CAL, CAC and RJD). Serial testing of employees will occur at institutions who have positive test results every 14 days until no new cases are identified in two sequential rounds of testing; the facility may then resume their regular surveillance testing schedule.

Conducting surveillance testing of incarcerated individuals at all adult institutions. Surveillance testing is used to detect outbreaks in an early phase, even before the development of symptoms. This voluntary testing will be performed across multiple facilities at each institution each month. Priority will be given to asymptomatic individuals who have been identified as vulnerable or high-risk for complications of COVID-19.

Reducing the population in its institutions by more than 10,000 since mid-March through the suspension of county jail intake, as well as the expedited release of approximately 3,500 incarcerated persons in April.

Mandating verbal and temperature screenings for staff before they enter any institutions and other CDCR work sites.

Suspending visitation, volunteers, and group programming.

Suspending movement within and between institutions, other than for critical purposes

Activating every institution's Incident Command Post, regardless of COVID-19 status at the prison, jointly commanded by custody and health care staff to prepare for an outbreak, including identifying quarantine/isolation space, planning for continued operations in the events of staff shortages, and procuring adequate Personal Protective Equipment for inmates and staff.

Supporting increased physical distancing, including reducing the number of people who use common spaces at the same time, transferring people out of lower level dorms to celled housing, and erecting tents to create alternate housing and care sites

Reinforcing its commitment to hygiene, both institutional and personal, including greater availability of soap and hand sanitizer.

Developing comprehensive health care guidelines based on Centers for Disease Control and Prevention and California Department of Public Health recommendations for correctional settings, which include procedures for infection control, assessment, testing, treatment, proper use of Personal Protective Equipment and quarantine/isolation.

Providing educational materials to all staff and incarcerated people, including posters, quick reference pocket guides, webinars, and educational videos.

CDCR is doing its best to mitigate all those risks in close collaboration with the medical experts working for the Federal Receiver's Office. Furthermore, we will continue to work with all of our health care partners across the Department, throughout the State, and with the Federal Government to create a safe environment for all in our institutions.

If you believe you are still sick, you should request to see a medical provider. If you are in need of more cleaning supplies, please talk with the correctional supervisor on duty or your correctional counselor.

The Office of Appeals determined that there is insufficient evidence that the institution or Department has violated policy with regard to the pandemic. Therefore, the claim is denied.

IV. REMEDY

Your claim has been denied. Therefore, there is no applicable remedy.

Decision: Denied

After a thorough review of all documents and evidence available at the time of this written decision, it is the order of the Office of Appeals that this claim is denied. This decision exhausts the administrative remedies available to the claimant within CDCR.

Staff Signature	Title	Date/Time
H. Moseley [MOHO002]	Chief	05/08/2021

STATE OF CALIFORNIA
 APPEAL OF GRIEVANCE
 CDCR 602-2 (03/20)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Page 1 of 2

STAFF USE ONLY

Appeal #: _____ Date Received: _____
 Date Due: _____
 Categories: _____
 Grievance #: 000060074630

Claimant Name: Marsala CDCR #: AF9575

Current Housing/Parole Unit: _____ Institution/Facility/Parole Region: _____

☐ There are no claims that can be appealed.

REC BY DOA

MAR 08 2021

☐ The following claims cannot be appealed:

Claim #s: 001 It is unclear to me what Asterisk is being deemed claim #001;
Claim #002 etc. Also you grant a claim, knowing that I'll be forced to wait 30 days
to force it to be implemented what you granted. Names of those responsible...

This is the process to appeal the decision made regarding a claim that is not listed above.

Claim #: # 002

Explain the reason for your appeal of any claims not listed above. Be as specific as you can.

I am dissatisfied with the response I was given because You do not address Asterisk 2; 3; 4;
5; 6; 7; 8 is deemed claim #2 (but you have MANY CAMERAS and do not
need me to NAME EMPLOYEES with no masks); 9; 10; 11; 12; [REDACTED]
100%

I Appeal claims I identified as 1 and d. and would rather
Asterisk #13 summarize asterisks 2 through 13 and be recognized
as claim #2. Mainly that "Leadership failed to protect me from being
[REDACTED] Exposed to a Seriously Communicable Disease."

Are there documents that would be helpful to support your position? Attach copies of those documents, if you don't have the documents, identify them as best you can below:

D.P.S.R.'s for Facility B for Month of December to count the
Quarantined Days for Dorms 51 and 53 prior to moving (4) of
them into Dorm 69 giving me Covid-19 and Quarantine guidelines
for exposed inmates.

STATE OF CALIFORNIA

APPEAL OF GRIEVANCE

CDCR 602-2 (03/20)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Page 2 of 2

Claim #: _____

Explain the reason for your appeal. Be as specific as you can.

I am dissatisfied with the response I was given because _____

Are there documents that would be helpful to support your position? Attach copies of those documents, if you don't have the documents, identify them as best you can below:

Reminder: Please attach all documents in your possession that support your claim(s).

Please note that this form and supporting documents will not be returned to you.

Claimant Signature: _____

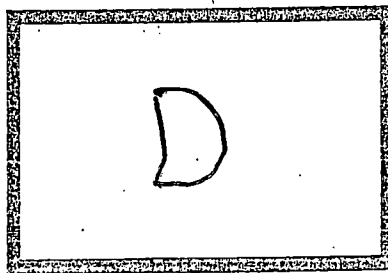
Date Signed: _____

2/23/21

MAIL TO:

Office of Appeals
Department of Corrections and Rehabilitation
P.O. Box 942883
Sacramento, CA 95811

EXHIBIT



Name:	MARSALA, JOSEPH AUGUST	Institution:	SCC - Sierra Conservation Center
CDCR:	AF9575	Visit Date:	04/11/2019
Age/DOB/Sex:	45 Years 07/09/75 Male	PCP:	Williams

Building:	SCC-Facility B	Unit:	SCC B 001F2	Room:	069	Bed:	069003U
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NEGATIVE SARS-CoV-2 TEST RESULT:

You have a Negative COVID-19 test that was done on 12/07/2020 12:00:00

This means that COVID-19 virus was NOT found in your sample.

You can catch the virus in the future so if you develop ANY symptoms from the list below let a staff member know right away. Do NOT wait for the 7362 process.

Continue to wear a mask at all times, stay at least 6 feet from others, and wash your hands often to stop the spread of the virus at our facility.

If you feel okay but have questions, please put in a 7362 form.

COVID-19 symptoms include:

- Fever
- Chills/Shaking Chills
- Cough
- Sore throat
- Trouble breathing or wheezing or chest pain
- Feeling unusually weak or tired
- Muscle aches or soreness
- Loss of smell or taste
- Runny or congested nose
- Nausea, Vomiting or Diarrhea (3 or more loose stools/24 hours)
- Poor appetite
- Eye Redness +/- drainage (pink eye, not allergy)Fever
- Headache or Dizziness or Confusion

Sincerely,

Williams, Chris PA

Name:	MARSALA, JOSEPH AUGUST			Institution:	SCC - Sierra Conservation Center
CDCR:	AF9575			Visit Date:	04/11/2019
Age/DOB/Sex:	45 Years	07/09/75	Male	PCP:	Williams
Building:	SCC-Facility B	Unit:	SCC B 001F2	Room:	069
				Bed:	069003U

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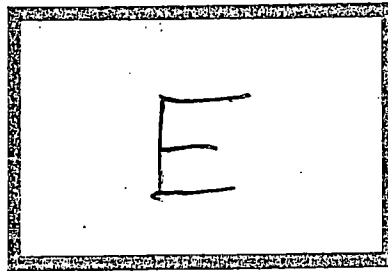
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- Poor appetite
- Eye Redness +/- drainage (pink eye, not allergy)Fever
- Headache or Dizziness or Confusion

Sincerely,

Williams, Chris PA

EXHIBIT



1360-030
59-156

MARSALA, JOSEPH A

Patient Information	Specimen Information	Client Information
MARSALA, JOSEPH A DOB: 07/09/1975 AGE: 45 Gender: M Phone: NG Patient ID: AF9575	Specimen: SA390293B Requisition: 6450971 Lab Ref #: 2035307435 Collected: 12/18/2020 / 12:00 PST Received: 12/18/2020 / 23:48 PST Faxed: 12/21/2020 / 03:33 PST	Client #: 36006010 MAIL000 WILLIAMS, CHRIS SIERRA CONSERVATION CENTER Attn: JAMESTOWN 5100 O BYRNES FERRY JAMESTOWN, CA 95327

SARS CoV 2 (COVID-19) Tests

Test Name	Result	Reference Range	Lab
SARS CoV 2 RNA (COVID 19), QUALITATIVE NAAT			SLI
SARS CoV 2 RNA	DETECTED	NOT DETECTED	

A Detected result is considered a positive test result for COVID-19. This indicates that RNA from SARS-CoV-2 (formerly 2019-nCoV) was detected, and the patient is infected with the virus and presumed to be contagious. If requested by public health authority, specimen will be sent for additional testing.

Please review the "Fact Sheets" and FDA authorized labeling available for health care providers and patients using the following websites: <https://www.questdiagnostics.com/home/Covid-19/HCP/QuestLDT/fact-sheet.html> <https://www.questdiagnostics.com/home/Covid-19/Patients/QuestLDT/fact-sheet.html>

This test has been authorized by the FDA under an Emergency Use Authorization (EUA) for use by authorized laboratories.

Due to the current public health emergency, Quest Diagnostics is receiving a high volume of samples from a wide variety of swabs and media for COVID-19 testing. In order to serve patients during this public health crisis, samples from appropriate clinical sources are being tested.

Negative test results derived from specimens received in non-commercially manufactured viral collection and transport media, or in media and sample collection kits not yet authorized by FDA for COVID-19 testing should be cautiously evaluated and the patient potentially subjected to extra precautions such as additional clinical monitoring, including collection of an additional specimen.

Methodology: Nucleic Acid Amplification Test (NAAT) includes RT-PCR or TMA

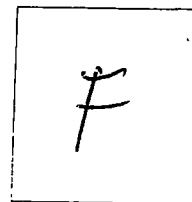
Additional information about COVID-19 can be found at the Quest Diagnostics website: www.QuestDiagnostics.com/Covid19

Physician Comments:

PERFORMING SITE:

SLI QUEST DIAGNOSTICS NICHOLS VALENCIA, 27027 TOURNEY ROAD, VALENCIA, CA 91355-5386 Laboratory Director: THOMAS McDONALD, MD, CLIA: 05D0550302

EXHIBIT



Description of this Exhibit

Number of Pages

Executive Staff

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- KATHLEEN ALJISON (<https://www.cdcr.ca.gov/about-cdcr/secretary/>)

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- JEFFREY MACOMBER – Undersecretary – Operations
- Dr. DIANA TOCHE – Undersecretary – Health Care Services

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- JENNIFER NEILL – Assistant Secretary/Chief Counsel – Legal Affairs
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* within each executive title category, listings are alphabetized by last name

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- KIRK STINSON – Chief, Office of Internal Affairs (Field Operations) – Division of Correctional Policy Research and Internal Oversight

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- DANA SIMAS – Press Secretary – Office of Public and Employee Communications

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- JENNIFER SHAFFER – Executive Officer – Board of Parole Hearings
- BILL DAVIDSON – Executive Officer/General Manager (A) – California Prison Industry Authority (CALPIA)

OPERATIONS

Joseph Marsala AF9575;
San Quentin Rehabilitation Center
San Quentin, Ca, 94964
5-N-32

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF CALIFORNIA

Marsala, Joseph
Plaintiff,

v

Ralph Diaz, et. al.,
defendants

Case No. 1:22-cv-00843-ADA-BAM (PC)

PROOF OF SERVICE


Your Honorable Judge,

Petitioner has supplied the defendants with a copy of the enclosed 1983 Civil Rights Complaint, by placing a true and correct copy of it and putting it into an envelope, addressed to the California Office of the Attorney general:

and then handing the envelope to a correctional officer on 09-28-23 who then inspected it, signed, put his badge number upon and sealed the envelope, and placed it into the U.S. Mail.

I, Joseph Marsala, declare under penalty of perjury that the aforementioned facts are true and correct, so help me God.

Date: 9/28/23


Joseph Marsala